

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		11/08/99
O.I.P.E. CLASSIFIER		7	11/10/99
FORMALITY REVIEW		65918	11-19-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1 (1) ✓	11/10/99
2 2 ✓	11/10/99
3 3 ✓	11/10/99
4 4 ✓	11/10/99
5 5 ✓	11/10/99
6 6 ✓	11/10/99
7 7 ✓	11/10/99
8 (8) ✓	11/10/99
9 9 ✓	11/10/99
10 10 ✓	11/10/99
11 11 ✓	11/10/99
12 12 ✓	11/10/99
13 13 ✓	11/10/99
14 14 ✓	11/10/99
15 15 ✓	11/10/99
16 (16) ✓	11/10/99
17 17 ✓	11/10/99
18 18 ✓	11/10/99
19 19 ✓	11/10/99
20 20 ✓	11/10/99
21 (21) ✓	11/10/99
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31 31 ✓	11/10/99
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33 33 ✓	11/10/99
34 34 ✓	11/10/99
35 (35) ✓	11/10/99
36 36 ✓	11/10/99
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If more than 150 claims or 10 actions  
 staple additional sheet here

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